

**FY 2015 Student Awareness of Fire Education (S.A.F.E.)
Fire Safety House Year-End Report
To Be Submitted By February 1, 2016**

**Name of Community /
Fire Department:** _____

Address: _____

Name of Fire Chief: _____

Grant Contact: _____

Telephone Number: _____

Fax Number: _____

Email: _____

Date Submitted: _____

Instruction for Completing FY 2015 S.A.F.E. Fire Safety House and Safety House Repair Awards Year-End Report:

- 1. Year-End Worksheet**
 - A. Enter the amount of funds carried over from prior year award with extension.
 - B. Revenue – enter the amount of your FY15 award
 - C. Totals Funds Available – the sum of A + B
 - D. Expenditures – total of itemized listing of all expenditures ***(Only account for money included in grant)***
 - E. Year-End Balance – C minus D this amount will carry forward

Signature and Date – The budget worksheet must be signed by the fire chief who is responsible for the proper expenditure of the grant funds.

Signature of Head of Fire Department

Date

**FY 2015 Student Awareness of Fire Education (S.A.F.E.)
Fire Safety House and Safety House Repair Awards Year-End Report
Year-End Worksheet**

Host Community _____

A. Funds Carried Over From Prior Year w/ Extension	
B. Revenue – Amount of FY15 Award	
C. Total Funds Available (A + B)	
D. Expenditures – Total Funds Expended (List below)	
DESCRIPTION	COST
Exterior	
Exterior Siding	
Windows	
Roof Line	
Entrance Steps	
Frame / Stabilizing Jacks	
Front Hitch	
Exterior Lights	
Axle / Ball-bearings	
Tires	
Battery / Carrier	
Propane Gas Cylinders	
Interior	
Wall Paneling	
Cabinet Doors	
Hardware Handles	
Interior Lights	
Carpet	
Window Treatments	
Equipment	
Smoke Machine	
Heated Door	
Fireplace Log	
Televisions	
Interior Camera	
External Loudspeakers	
9-1-1 Phone System	
Air Conditioner	
Heating Systems / Venting	
Other (please describe)	
TOTAL	
E. Year-End Balance FY15 (C – D)	

Funds will be issued upon contract execution and completion of this form.



FY 2015 S.A.F.E Grant
Fire Safety House
Six-Month Extension Form

Name of Community/Fire Department: _____

Address: _____

Name of Fire Chief: _____

Tel. Number: _____ **Fax Number:** _____

Date Submitted: _____

S.A.F.E. Program Coordinator: _____

Email Address: _____

Please fill this form out as well as your FY 2015 S.A.F.E. Grant Year End Report with the Year-End Budget Worksheet and Head of Department Signature.

Amount of FY '15 Extension Request: \$_____

Reasons for requesting six-month extension:

Signature of Head of Fire Department

Date

FY 2015 Student Awareness of Fire Education (S.A.F.E.)
Fire Safety House Budget Extension Closeout
To Be Submitted By June 30, 2016

Name of Community/Fire Department: _____

Address: _____

Name of Fire Chief: _____

Tel. Number: _____ **Fax Number:** _____

Email Address: _____

Extension Amount: \$_____ **Remaining (if any):** \$_____

Explanation of How Money Was Spent:

Chief's signature

Date

Any monies still remaining as of June 30, 2016 must be returned to:

Department of Fire Services
Attn: Fiscal Affairs
1 State Road
Stow, MA 01775